
OVERVIEW

The treatment plan contains information on assessed needs and strengths, goals, and desired outcomes for children in foster care and parents/legal guardians, as applicable. The treatment plan documents the services provided to case members and service reviews about service participation and progress towards the identified goal. Treatment plans also document specific actions required for the achievement of a goal, the person responsible for each action step, and the expected achievement date. For this item, treatment plans include:

- DHS-441a, Parent Agency Treatment Plan, which accompanies the DHS-441, Case Service Plan.
- DHS-442a, Permanent Ward Treatment Plan, which accompanies the DHS-442, Permanent Ward Service Plan.

The treatment plan must be completed for all children with an open foster care program type. The initial treatment plan must be completed for inclusion with the child's initial DHS-441, Case Service Plan, or DHS-442, Permanent Ward Service Plan. The treatment plan must be reviewed and revised for inclusion with each updated DHS-441 or DHS-442.

Caseworkers must complete the treatment plan in MiSACWIS. All requirements in this item apply to the DHS-441a, Parent Agency Treatment Plan, and DHS-442a, Permanent Ward Treatment Plan unless otherwise specified.

Required Participation in Development

The treatment plan should address the individual needs of the child(ren) and family and be written in a manner easily understood by the family with expected outcomes clearly defined. The completed treatment plan should incorporate required formal services with family-centered decisions.

Parental Involvement

When the child's permanency planning goal is reunification, completion of the treatment plan requires the caseworker to have a discussion with the parent/guardian, including incarcerated parents, about case planning. Parental participation **is required** in

developing the parent/caregiver goals and objectives; see [FOM 722-06, Case Planning](#).

Child/Youth Involvement

Caseworkers must actively engage youth ages 14 and older in developing the individual activities in their treatment plan; see [FOM 722-06, Case Planning](#), and [FOM 722-03C, Older Youth: Planning, Preparation, and Discharge](#). Youth under the age of 14 should be engaged in treatment planning to the degree possible and developmentally appropriate.

Caregiver Involvement

The individual activities required by the foster parent/caregiver to meet the specific individual needs of the child placed in their home are included in the treatment plan. The foster parent/caregiver must be included in the planning process. The foster parent/caregiver must sign the treatment plan to acknowledge and agree to the activities required to meet the needs of the child in their care.

Caseworker Involvement

The caseworker must include services provided by the caseworker and action steps that are the responsibility of the caseworker to assist the parents/legal guardians, youth, and foster parents/relative caregivers/court-ordered caregivers in meeting the established goals.

IDENTIFYING INFORMATION

Report Date

The report date is system generated and is the date the caseworker routes the treatment plan to the supervisor for approval.

Report Period

The report period is system generated and must be no more than 30 calendar days for the treatment plan associated with the initial service plan (ISP) or Young Adult Voluntary Foster Care (YAVFC) initial permanent ward service plan (PWSP), and no more than 90 days for the treatment plan associated with the updated service plan (USP), PWSP, or YAVFC PWSP.

**Case Service Plan
Type**

Indicate the case service plan type with which the treatment plan is associated:

- Initial service plan.
- Updated service plan.
- Permanent ward service plan (PWSP).
- Young Adult Voluntary Foster Care (YAVFC) initial PWSP.
- YAVFC PWSP.

Child(ren)/Youth

Identify each child's name, date of birth, and tribal affiliation, if applicable.

**Parent(s)/
Caretaker(s)**

The caseworker must identify all parent(s)/caretaker(s) with a legal right to consideration for reunification and who are members of a participating household. For each parent, the caseworker must also identify:

- Relationship to each child included on the treatment plan.
- Date of birth (DOB).
- Parent's phone number and address.
- Whether the parent is deceased.
- Whether the parent is a member of a participating household.

Note: This section will only populate into the DHS-441a when there is at least one participating household. The Parent/Caretaker section will not populate into the DHS-441a if there are no participating households and will not populate into the DHS-442a.

**PARENT AGENCY
TREATMENT PLAN**

The Parent Agency Treatment Plan section includes the following information for each child/youth and parent/caretaker included on the treatment plan:

- Strengths.
 - Strength Domain.
 - Description.
- Needs and Outcomes.

- Need Domain.
- Description.
- Goal.
- Desired Outcome.
- Expected Achievement Date.
- Progress Evaluation.
- Action Step(s).
- Responsible Person(s).

The treatment plan also contains the behavior management plan that the parents and placement will use to encourage positive behaviors with each child.

Parent(s)/ Caretaker(s)

The caseworker must document strengths, needs, and outcomes for all parent(s)/caretaker(s) with a legal right to consideration for reunification who are members of a participating household.

Note: If a household is participating at any time during the report period, a treatment plan is required to document reasonable efforts and services provided while the household was participating, even if the household was no longer participating at the end of the report period.

Strengths

The caseworker must link all strengths from the applicable Family Assessment of Needs and Strengths (FANS) completed for that report period to include the household's strength domains and strength description in the treatment plan. For information on FANS completion, see [FOM 722-09A, Family Assessment of Needs and Strengths \(FANS\)](#).

Needs and Outcomes

The caseworker must link **all** needs scored on the FANS to the treatment plan. The caseworker must document the following in the Needs and Outcomes section of the treatment plan:

- **Need domain**, as identified on the linked FANS.
- **Description of the need** from the narrative justification of the domain score on the linked FANS.

- **Goal.** Goals should be specific, measurable, achievable, and related to the primary needs and barriers to reunification identified on the FANS.
- **Desired outcome.** The desired outcome is the observable result of the goal and related action steps.
- **Expected achievement date.** This is the date by which the goal is expected to be achieved and the desired outcome reached.
- **Progress evaluation.** This information populates from the reunification assessment and indicates whether the parent has made substantial, partial, or poor progress reducing the barriers to reunification related to the identified need.
- **Action step(s).** Action steps are specific tasks which must be completed to achieve the identified goal and desired outcome. Each action step must have a deadline for completion.

Note: When action steps for a goal have multiple responsible persons (e.g., parents, caseworker, caregivers, etc.), caseworkers should specify the responsible person within each action step.

- **Responsible person(s)** are the individuals responsible for completing the action step(s) necessary for achievement of the identified goal.

Caseworkers must link **all** needs to the service plan. Goals and services for the needs that have been identified as primary barriers to reunification must be included in the treatment plan; see [FOM 722-09A, Family Assessment of Needs and Strengths](#). If additional needs identified on the FANS create barriers to reunification, the parent, caseworker, and supervisor must decide if the parent/guardian is able to participate in services to address the primary and additional barriers at the same time, or if services for the additional barriers should be deferred to allow the parent/guardian to focus on the primary barriers.

Services and Service Reviews

The caseworker must document all referrals and services provided to the parent(s)/legal guardian(s) in the treatment plan. The caseworker must include any services that the parent/legal guardian was participating in at transfer to foster care and/or case

acceptance that will continue under the goals and objectives in the treatment plan.

The caseworker must complete a service review in MiSACWIS for any service referred or provided to a case member. Case service reviews must be updated each quarter for all current services. The service review must contain the following information:

- Case member name.
- Service provider name.
- Referral date.
- Outcome.
 - **Satisfactory progress:** the case member is attending, participating in, and demonstrating some benefit from the service, but has not yet completed the service.
 - **Unsatisfactory progress:** the case member has not completed the service and is not making progress due to lack of attendance, participation, or demonstrated benefit from the service.
 - **Completed - satisfactory:** the case member obtained expected benefits from the referral and service. For example, this can mean completion of an assessment or completion of a parenting class where the case member attended and was able to demonstrate the ability to implement the parenting techniques learned in the class.
 - **Completed - unsatisfactory:** the service has ended, and the case member refused to participate, did not attend, or attended but did not resolve the issues the service was intended to address.
 - **No progress:** the case member has not made progress because the service is unavailable or has not yet begun. For example, a case member is registered for a service that is not scheduled to begin until the following report period.
- Recommendation.
 - Continue.
 - End.
- Need domain.
- Service description.

- Service progress. The caseworker must include a narrative justification for the outcome selected for the service.
 - If employment, childcare, and/or transportation are barriers to the parent meeting any of the goals or action steps, the caseworker must include all action steps being taken by the agency to rectify those barriers in the Needs and Outcomes section of the treatment plan, under the applicable goal's action steps.

Children

The caseworker must document strengths, needs and outcomes, services, situational concerns, and the child's behavior management plan for all children with an open foster care program type on the treatment plan.

Strengths

The caseworker must link all strengths from the applicable Child Assessment of Needs and Strengths (CANS) completed for that report period to include the child's strength domains and strength description in the treatment plan. For information on CANS completion, see [FOM 722-09A, Child Assessment of Needs and Strengths \(CANS\)](#).

Needs and Outcomes

The caseworker must link all needs scored on the CANS to the treatment plan and document the following in the Needs and Outcomes section of the treatment plan:

- **Need domain**, as identified on the linked CANS.
- **Description of the need** from the narrative justification of the domain score on the linked CANS.
- **Goal**. Goals should be specific, measurable, achievable, and related to the needs identified on the CANS.
- **Desired outcome**. The desired outcome is the observable result of the goal and related action steps.
- **Expected achievement date**. This is the date by which the goal is expected to be achieved and the desired outcome reached.

- **Action step(s).** Action steps are specific tasks which must be completed to achieve the identified goal and desired outcome. Action steps should have a deadline for completion of each action step.

Note: When action steps for a goal have multiple responsible persons (e.g., child, parents, caseworker, caregivers, etc.), caseworkers must specify the responsible person within each action step to ensure responsibility is clearly documented.

- **Responsible person(s)** are the individuals responsible for completing the action step(s) necessary for achievement of the identified goal.

Services and Service Reviews

The caseworker must document all referrals and services provided to the child(ren) in the treatment plan. The caseworker must include any services that the child was receiving at transfer to foster care and/or case acceptance that will continue under the goals and objectives established in the treatment plan.

The caseworker must complete a service review in MiSACWIS for any service referred or provided to a case member. The service review must include the following information:

- Case member name.
 - Service provider name.
 - Referral date.
 - Outcome.
- **Satisfactory progress:** the case member is attending, participating in, and demonstrating some benefit from the service, but has not yet completed the service.
 - **Unsatisfactory progress:** the case member has not completed the service and is not making progress due to lack of attendance, participation, or demonstrated benefit from the service.
 - **Completed - satisfactory:** the case member obtained expected benefits from the referral and service. For example, this can mean completion of an assessment or completion of a parenting class where the case member attended and was able to demonstrate the ability to implement the parenting techniques learned in the class.

- **Completed - unsatisfactory:** the service has ended, and the case member refused to participate, did not attend, or attended but did not resolve the issues the service was intended to address.
- **No progress:** the case member has not made progress because the service is unavailable or has not yet begun. For example, a case member is registered for a service that is not scheduled to begin until the following report period.
- Recommendation.
 - Continue.
 - End.
- Need domain.
- Service description.
- Service progress. The caseworker must include a narrative justification for the outcome selected for the service.

Behavior Management Plan

The caseworker must document the behavior management plan for the child, including the person(s) responsible for implementing the plan.

- If the youth is age 14 or older, detail the independent living preparation activities the foster parent/relative/unrelated caregiver will provide to assist the youth; see [FOM 722-03C, Older Youth: Preparation, Placement, and Discharge](#).
- For each youth age 14 or older (including those youths who become 14 years of age during the report period), include a description of the programs and services which will help the youth to prepare for the transition to a state of functional independence or the ability to take care of oneself physically, socially, economically, and psychologically. Identify where, how and by whom these services will be provided; see [FOM 722-03C, Older Youth: Preparation, Placement, and Discharge](#).

AGREEMENT AND SIGNATURES

Once completed and approved, the caseworker must obtain signatures from the following individuals, as applicable:

- Caseworker.
- Supervisor.
- Second line supervisor, when siblings in care are placed apart.
- Parents who are a member of a participating household.
- Youth ages 14 and older.
- Foster parents, relative caregivers, and unrelated court-ordered caregivers.

Parents/legal guardians, youth, and caregivers must check *yes* or *no* for the following when signing the treatment plan:

- I have participated in the development of the Case Service Plan and the Parent Agency Treatment Plan.
- I agree with the Case Service Plan and Parent Agency Treatment Plan.
- I have been provided a copy of the Case Service Plan and Parent Agency Treatment Plan to review, and I will have the opportunity to express my disagreement with the Case Service Plan and Parent Agency Treatment Plan when the information is presented to court.

Note: If a parent or youth is unavailable or refuses to sign the treatment plan, the caseworker must identify and document actions needed to secure the parent's and/or youth's participation in service planning and compliance with the treatment plan.

The caseworker must obtain signatures from all applicable individuals and upload the signatures pages into the electronic case record within 30 days of the report date.

DISTRIBUTION OF THE TREATMENT PLAN

Upon completion, the treatment plan must be distributed with the corresponding case service plan; see [FOM 722-08, Case Service Plans - Overview, Types, and Timeframes](#) for distribution requirements.

Release of Confidential Information

Prior to distribution of the treatment plan, the caseworker must ensure all confidential information to which the recipient is not entitled has been redacted; see [SRM 131, Confidentiality](#).

LEGAL

Federal

Social Security Act, 42 USC 675(1)(B)

The term “case plan” means a written document which meets the requirements of section 475A includes a plan for assuring that the child receives safe and proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parents’ home, facilitate return of the child to his own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.

State

MCL 712A.13a(1)(d)

"Case service plan" means the plan developed by an agency and prepared under section 18f of this chapter that includes services to be provided by and responsibilities and obligations of the agency and activities, responsibilities, and obligations of the parent. The case service plan may be referred to using different names than case service plan including, but not limited to, a parent/agency agreement or a parent/agency treatment plan and service agreement.

Licensing Rule

Mich Admin Code, R 400.12418

Development of service plans.

Mich Admin Code, R 400.12419

Initial service plan.

Mich Admin Code R400.12420

Updated service plan.

POLICY CONTACT

Questions about this item may be directed to the [Child Welfare Policy Mailbox](#).